

recipients using state general revenue funds and shows promise as an innovative, new direction in meeting the life needs of persons with developmental disabilities.

The Supported Living (SL) Model that was developed through this grant has received favorable reviews from supported living experts nationally. It is designed to serve persons with developmental disabilities who are able to be alone overnight and for extended periods during the day without continual staff presence, but require ongoing assistance to live in their own homes and participate fully in community life. The term "supported independent living" acknowledges the fact that living arrangements are individualized, therefore independent of the structure found in many traditional residential services, but recognizes that everyone's independence is supported through the network of relationships with people they know and value. This concept of interdependence, that people live their lives through mutually reliant relationships with others in their personal social networks, is the key to supporting recipients to live independently of congregate residential facilities.

Until the mid 1980s, community residential options for Floridians with developmental disabilities had been limited to facility based, "program" models such as foster homes, group homes, and ICF/MRs. Supported living makes a significant departure from this manner of residential service provision. Supported living follows a non-facility based, "person" model. This means that service planning and development focuses on one person and his/her wants and desires rather than the maintenance of a facility or program. Based on this person's needs, services and supports are identified which are not tied to any particular residence. The result is a unique array of individualized services designed and coordinated for a specific person.

As a "person" model service, supported living enables people with developmental disabilities to live in the community now, with the level of support they need, while learning new skills within the context of their daily lives, rather than training for a more independent living arrangement somewhere off in the future. When people receive services that are custom designed to meet their needs, their ability to exercise control and autonomy over their own lives can be maximized as they participate in all activities and decision-making that affect them. Optimal use can be made of generic community resources and natural supports. People can stay in one place--their own homes--with supports changing as needed. People will no longer need to move through a continuum; leaving homes, friends, and neighbors in order to learn greater independence.

The Supported Living (SL) Model utilizes a team approach which includes professionals and natural supports who together provide a circle of support around each recipient. As recipients move from family homes and residential facilities to their own individual homes, the most effective safety net we can provide is to ensure that they are well connected in their neighborhoods and communities. This can be more easily facilitated by including community volunteers and the recipient's significant others in the

service delivery process. When professionals step in and "take charge", it is common for natural support providers to feel unneeded or unqualified to remain actively involved in the recipient's habilitation. The SIL Model seeks to avoid such situations by identifying a specific role for significant others and by looking to community members and resources as the first choice in meeting the recipient's support needs. It is the intent of the SL Model that professionals will forge such partnerships with the community to the fullest extent possible.

The Supported Living (SL) Model identifies three primary support providers who function as the core of the recipient's support team. A supported living (SL) coach employed by the service provider bridges the gap between the abilities of the recipient and the demands of community living. In addition to linkage with community resources, this can include the direct provision of training, assistance, and support. The coach is in frequent, if not daily, contact with the recipient and the two may develop an intense, intimate relationship as the coach helps the recipient live his/her life.

The recipient's Department of Health and Rehabilitative Services case manager is less actively involved in the recipient's life; however, as the main coordinator of all the services provided to the recipient, the case manager has a more comprehensive, long-term view of the recipient and his/her needs. The case manager serves as the recipient's advocate, the ongoing monitor of the SL process, and the main coordinator of all services provided to the recipient.

The recipient identifies the family members and friends whose assistance he/she wishes in developing and implementing the SL plan. These significant others serve as sources of information in planning and provide ongoing or as needed support once the recipient moves. To ensure that the recipient's autonomy is not unduly restricted, significant others are called upon to provide feedback and mediate situations where the coach fails to, or in good conscious cannot, support a decision made by the recipient.

This team remains flexible and informal so that it does not interfere with the natural, dynamic process of living one's life. The membership accommodates changes in personal relationships and the inclusion of other professionals when needed. The recipient, coach, and case manager meet on a quarterly basis or more often if necessary. Significant others are welcome to attend these meeting unless the recipient objects. Significant others are notified and expected to attend when their presence is needed for mediation purposes.

The department's implementation of supported living is based on the recognition that there are both physical and social aspects to true community integration. In addition to securing and maintaining a home, recipients are provided with services that assist them to increase their connections within the community. Fostering relationships between program recipients and community members frees the department to provide the specialized services required by persons with developmental disabilities without

supplanting the natural, supportive roles of family, friends, and neighbors. This blending of professional and natural supports enables program recipients to live in homes that are truly their own and to lead regular lives in the community.

This application proposes covering the services of the SL coach under the State Plan. These services are described in section D. It is important to note, however, that coaching services are only one component of a comprehensive service delivery package which is designed and coordinated based on the needs of the individual recipient and may include other services funded through state general revenue and other sources such as the Social Security Block Grant. Recipients use their own earnings and benefits to pay their living expenses. Coaches help recipients to obtain other types of assistance for which they may be eligible such as rent subsidies, low income energy credits, and Food Stamps. SL start-up grants and monthly stipends are available through the Department of Health and Rehabilitative Services when needed to provide an additional supplement to the recipient's income. The department case manager is authorized to purchase medical, dental, and various therapeutic services not covered by Medicare, Medicaid, and other types of insurance, as well as specialized services required for community living such as adaptive equipment, home modifications, personal care assistance, and transportation. Maximum use is made of generic community resources, volunteer organizations, and adult education instructors from the local school system.

Florida's ongoing supported living project is coordinated by a full time project director and includes a technical assistance team that provides statewide representation of department staff from the headquarters and local district offices, SL providers, the Florida Developmental Disabilities Planning Council, and the Advocacy Center for Persons with Disabilities, Inc. The purpose of this team is to include a variety of experiences and perspectives from various parts of the state in the process of developing and implementing a supported living system for Florida. The team serves as a cadre of supported living experts who keep their local counterparts abreast of the developments of the project and provide technical assistance to existing and emerging SL programs.

Additional funding to the project is under consideration by the Florida Developmental Disabilities Planning Council for the development of a second model for supported assisted living to guide the delivery of service to persons with developmental disabilities who require around-the-clock staff or live-in assistance to live in their own homes. The Developmental Disabilities Planning Council is currently funding the development a training curriculum for SL coaches by Options, Inc. of Lakeland, FL and the department's supported living project director is a member of the advisory committee to ensure consistency with the *SL Model*. This curriculum will be used to provide ongoing training opportunities to new SL coaches statewide.

The Department of Health and Rehabilitative Services is committed to the development of person based models of service delivery for persons with developmental disabilities. In addition to supported living, a strong supported employment initiative has been ongoing since 1985. A model for enhanced family support services is being developed. The department's case management system for persons with developmental disabilities is currently under redesign to make it more responsive to the direction Florida is heading in regard to person based model services. This direction is summarized in the department's developmental services mission: *"To promote opportunities for persons with developmental disabilities to be a part of and participate in the same valued experiences and life events as do other citizens of Florida through individually determined levels of supports and services provided in a manner that protects the individual's dignity and worth while enhancing capacities for self determination."*

B. Administration

1. The State contact person for this application is Reid Jaffe who can be reached by telephone at (904) 487-2618.

2. Line of authority for CSLA program operation:

Check one:

_____ The CSLA Program will be operated directly by the Medical Assistance Unit of the Medicaid agency.

_____ The CSLA Program will be operated and overseen by _____, a separate agency of the State. A copy of the interagency agreement setting forth the authority and arrangements for this policy is on file in the Medicaid agency.

 X Other (describe)

The CSLA Program will formally interact with the following programs funded under State or Federal authorities (specify)

The Florida CSLA program will be operated under the Developmental Services Program, another program under the umbrella of the Department of Health and Rehabilitative Services in which Medicaid is one program.

This document, together with Appendices A and B, and all State attachments constitutes the State of Florida's application for the development of a CSLA Program as defined under section 1930 of the Social Security Act. The State assures that all material referenced in this application (including standards, licensure and certification requirements) will be kept on file at the Medicaid agency.

As director of the Single State Agency, I attest to the accuracy of the information provided in this application and the State's assurance to comply with the provisions of this application and subsequent Federal law and regulations related to these provisions as a condition of Medicaid payment.

** Signature: s/ Gary J. Clarke

Print Name: Gary J. Clarke

Title: Assistant Secretary for Medicaid

Date: 8/8/91

** The Director of the Single State Agency.

C. Identification of Target Population

Medicaid Eligibility for "Community Supported Living Arrangements" Services

The department will provide "Community Supported Living Arrangements" services to adults with developmentally disabilities who meet the criteria for supported living and are eligible for mandatory coverage under the State's Medicaid Plan in accordance with 42 CFR 435.120 or 42 CFR 435.110-115. Disabled individuals eligible under Section 1902 (m) of the Social Security Act will also be eligible for "Community Supported Living Arrangements" services. Individuals receiving services under 42 CFR 41.300 are excluded from "Community Supported Living Arrangements" services.

Developmental Services Eligibility

The department is authorized by the Florida Legislature to provide services to persons who have mental retardation, autism, cerebral palsy, or spina bifida and who are in need of services provided by the department's Developmental Services program. These conditions are defined as follows:

- 1) **Retardation** is defined in section 393.063(40), Florida Statutes, as "Significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the period from conception to age 18. 'Significantly subaverage general intellectual functioning', for the purpose of this definition, means performance which is two or more standard deviations from the mean score on a standardized intelligence test specified in the rules of the department. 'Adaptive behavior,' for the purpose of this definition, means the effectiveness or degree with which an individual meets the standards of personal independence and social responsibility expected of his age, cultural group, and community."
- 2) **Autism** is defined in section 393.063(2), Florida Statutes, as "a pervasive, neurologically based developmental disability of extended duration which causes severe learning, communication, and behavior disorders with age of onset during infancy or childhood. Individuals with autism exhibit impairment in reciprocal social interaction, impairment in verbal and nonverbal communication and imaginative ability, and a markedly restricted repertoire of activities and interests"
- 3) **Cerebral Palsy** is defined in section 393.063(4), Florida Statutes, as "a group of disabling symptoms of extended duration which results from damage to the developing brain that may occur before, during, or after birth and that results in the loss or impairment of control over voluntary muscles. For the purposes of this definition, cerebral palsy does not include those symptoms or impairments resulting solely from a stroke."

- 4) **Spina Bifida** is defined in section 393.063(45), Florida Statutes, as "a person with a medical diagnosis of spina bifida or myelomeningocele."

Supported Living Criteria

Supported living should be considered an appropriate supported living option for all otherwise eligible recipients for whom the following statements apply:

1. The recipient is a consumer of Developmental Services with a current habilitation plan authorizing supported living services.
2. The recipient is unable to live in his/her own integrated home and participate in integrated community life without the ongoing support of a supported living program.
3. The recipient is able to be in his/her own integrated home and participate in integrated community life without the continual presence of an SL coach.
4. The recipient is at least 18 years of age.
5. The recipient is legally competent, or, if legally incompetent, is supported by his/her legal guardian in the decision to move to a supported living setting.
6. The recipient has expressed a desire to live in a Supported living setting based on an informed understanding of the array of residential options available to him/her.
7. The recipient is motivated to live in a Supported living setting as demonstrated by his/her willingness to be an active participant in planning for and engaging in the necessary activities associated with preparing to move.
8. The recipient can participate in meeting his/her own economic needs. Although the recipient may need additional financial assistance from Developmental Services in paying costs associated with moving or in meeting monthly expenses, he/she has some ongoing source of income to contribute which may be from wages or Social Security benefits.
9. The recipient can direct his/her own supports in all but limited areas. Although the recipient may need guidance and assistance in controlling his/her own household, he/she does not need to have the household controlled for him/her and is able to identify and participate in the planning and implementation of supports necessary to manage the household and participate in integrated community life.

10. The recipient elects to make decisions affecting his/her life. Although the recipient may need support in making decisions, he/she does not need to have decisions made for him/her. Support in decision-making can include reviewing available options, identifying potential outcomes of decisions, and "talking through" decisions that are made.

Eligible Settings for Supported Living

Because it is the intent of the Supported Living Model to encourage maximum physical and social integration of recipients with general citizens of the community, all living arrangements shall be completely integrated into the community following an integrated, scattered-site model. This means that recipients will rent or own homes or apartments that could be occupied by any member of the community rather than living in facilities specifically for people with developmental disabilities. The recipient may live alone or with roommates, of whom no more than two also have developmental disabilities. The name of the recipient must appear on the lease or mortgage singularly, with roommate(s), or with a guarantor. The recipient must control the household or share control with the roommate(s). Services related to the procurement of housing may be provided for no more than 90 days before the recipient takes up residence in an eligible setting.

In order to ensure recipients live in housing that follows an integrated, scattered-site model, the following density requirements must be followed when locating a place in which to live:

1. In residential areas, recipients shall account for no more than ten percent of the population in an identifiable area (i.e., city block, subdivision, neighborhood, etc.) and their homes shall be scattered, noncontiguous, and dispersed as much as possible throughout the area.
2. In complexes consisting of apartments, multi-family dwellings, or mobile homes, recipients shall account for no more than ten percent of the population of the complex and their homes shall be scattered, noncontiguous, and dispersed as much as possible throughout the complex.

The recipient's supported living provider shall assist him or her in locating housing which meets these density requirements. As part of the housing search, the provider shall also assist the recipient to complete a survey of the housing being considered based on Housing and Urban Development housing quality standards found in 24 CFR, Chapter VIII, Subpart F, Section 887.251. Any exceptions to the housing eligibility guidelines or density requirements must be based on the choice of the recipient and approved by the Developmental Services district program administrator.

The following models are not included in the definition of eligible settings:

1. segregated living models (i.e., any housing situation which physically/socially isolates people with developmental disabilities from general citizens of the community)
2. congregate living models (i.e., any housing situation which groups people with developmental disabilities as an enclave within an integrated setting)
3. any housing model where the recipient does not have maximum control of the home environment

Additionally, service providers are prohibited from purchasing housing and entering into the dual role of support provider and landlord. Such arrangements result in potential conflicts of interest and inherently undermine the recipient's opportunity for control and community integration--two major goals of supported living.

Size of Target Population

As of March 1991, funding for Supported Living provided through non-Medicaid sources was serving 437 individuals, of whom 283 were eligible for Medicaid services. Data provided at that time from the Developmental Services Client Information System (CIS/DS) indicates that at least 163 individuals are ready for immediate placement in supported living settings when additional funding becomes available and that approximately 1,530 individuals make up the target population for supported living. Additional funding for coaching services through Medicaid will ensure the continued growth of a proven successful model.

Following is a listing of individuals who have been identified as appropriate for the "Community Supported Living Arrangements" program. In order to identify an unduplicated count of the target population, individuals who are 18 years of age or older, eligible for Medicaid services, ambulatory, and have adaptive behavior scores in the normal, mild, or moderate range have been identified for each of the following categories:

- | | |
|---|-----|
| 1. Individuals residing in long term residential care facilities who are receiving community-based employment services | 351 |
| 2. Individuals residing in long term residential care facilities who are on the wait list for community-based employment services | 190 |
| 3. Individuals residing in family situations who receive community-based employment services and are on the wait list for long term residential care services | 67 |
| 4. Individuals residing in family situations who are on the wait lists for community-based employment services and for long term residential care services | 72 |
| 5. Individuals residing in family situations who | |

receive community-based employment services, but are not currently on the wait list for long term residential care services	499
6. Individuals residing in family situations who are on the wait list for community-based employment services, but not currently on the wait list for long term residential care services.	<u>351</u>
TOTAL	1,530

Existing trends indicate that this target population can be expected to grow by 8.25% per year; therefore, it is anticipated that the target population for "Community Supported Living Arrangements" services will be 1,660 in 1992, 1,796 in 1993, 1,944 in 1994, and 2,104 in 1995.

Based on the assumption that the funds available for "Community Supported Living Arrangements" services will be divided equally among 8 states, the department projects that it can serve a total of 1,163 individuals during the course of the program. If less than 8 states are selected or if the review committee recommends changing the relative level of funding awarded to each state, the department projects that it can serve up to 1,942 individuals during the course of the project at a total cost of \$15,544,321 (see expenditure estimates in section D.).

Justification of Target Population

The department believes that persons with developmental disabilities who currently receive community-based employment services or are on the wait list for such services are also likely to benefit from supported living services. Such individuals who are either in long term residential care facilities or on the wait list for such services could probably be more appropriately served in a supported living situation. Such individuals who reside with their families and are not currently on the wait list for long term residential care are included here because the experience in Florida has led the department to believe that most individuals in community-based employment will eventually request to move to their own homes or apartments.

Because of the limited funds available through this program, the department has defined its target population narrowly to include only those individuals who require ongoing assistance to live in their own homes, but do not require the continual presence of a supported living coach. The department believes that all adults with developmental disabilities can live in supported living settings when sufficient supports are available; however, the limited resources available from state and federal sources prohibit the department from making supported living available on such a wide basis at this time.

The department believes that focusing on this target population is the most efficient way to make use of the "Community Supported Living Arrangements" resources and maximize the their effect on the department's residential service system as a whole.